



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Debbie Mann

Email Address: dmann@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68022262
Outpatient Patient Service Revenue	\$259110128
Total Gross Patient Service Revenue	\$327132390

2. Deductions From Revenue

Contractual Allowance	\$186039418
Other Deductions	\$1869477
Total Deductions	\$187908895

3. Total Operating Revenue

Net Patient Service Revenue	\$143061678
Other Operating Revenue	\$2837796
Total Operating Revenue	\$145899474

4. Operating Expenses

Salaries and Wages	\$54970316	Employee Benefits	\$15108565
Depreciation and Amortization	\$7949371	Interest Expense	\$1051617
Bad Debt	\$14397332	Other Expenses	\$44293879
Total Operating Expenses	\$137771080		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8128394	Total Assets	\$326463381
Net Non-operating Gains over Loss	\$5408963	Total Liabilities	\$49869726

Total Net Gains	\$13537357
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$125881545	\$91361483	\$34520062
Medicaid	\$58767953	\$33562178	\$25205775
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$142482892	\$62985234	\$79497658
Total	\$327132390	\$187908895	\$139223495

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$926867	\$28274	\$898593

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$8315	\$-8315
Community Education	\$101443	\$62085	\$39358

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	2465
Number of Citizens Exposed to Health Education Messages	328290

Statement Six: Charity Statement

Hospital Charity Charges	\$1757697
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$555432	
HCI Payments	\$0		
Subtotal	\$0	\$555432	\$-555432
Medicaid Shortfalls	\$1876241	\$3373099	
Subtotal	\$1876241	\$3928531	\$-2052290
DSH Payments	\$2,878,190		
Subtotal	\$4754431	\$3928531	\$825900
Medicare Shortfalls	\$13788522	\$25288960	
Other Government Programs	\$0	\$0	
Total	\$18542953	\$29217491	\$-10674538

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$7006643	\$10439226	\$-3432583

Comments

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